

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	59	10-9
EXAMINER	65085	12-12-97
TYPIST	65085	12-12-97
VERIFIER	65085	12-12-97
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final Original	
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SYMBOLS  
✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
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